

**LORTSCHER AGRI-SERVICE, INC.
APPLICATION FOR EMPLOYMENT**

Lortscher Agri-Service, Inc. ("the Company") is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age, sex, religion, national origin, marital status, physical or mental handicap or arrest record. This application will remain effective for a period of thirty (30) days or until the position is filled.

Notice: Substance and Alcohol Testing is required of applicant driver.

PERSONAL INFORMATION

Date: _____ Social Security Number: _____ - _____ - _____

Applicant Name: _____
Last First Middle

Present Address: _____ Dates: _____
Street City State Zip Code From To

Addresses for the past three (3) years:

Previous Address: _____ Dates: _____
Street City State Zip Code From To

Previous Address: _____ Dates: _____
Street City State Zip Code From To

(ATTACH SHEET IF MORE SPACE IS NEEDED)

Phone Number: () _____ - _____ Are you 18 years old or older? Yes No

Are you authorized to work in the U.S.? Yes No Referred by: _____

State the name of any relatives, other than spouse, already employed by this company. _____

POSITION DESIRED

Position: _____ Date you can Start: _____ Salary desired: _____

Have you previously worked for this company? Yes No If so, from _____ to _____

Reason for leaving: _____ Former supervisor(s) at this company: _____

How did you learn of this opening: _____

EDUCATION

Name and Location of School	Circle Last Year Completed	Did you Graduate?	Subjects Studies & Degree (s)
High School	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Business or Correspondence School	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Other education or training: _____

Other special skills: _____

Have you ever been convicted of a crime?* Yes No If yes, give details, including date(s): _____

*A "yes" answer will not automatically disqualify you from employment. We will consider the nature and date of the offense and the job for which you are applying for job-related purposes only, and only to the extent permitted by applicable law.

Employment History

Please provide information on past employers during the **preceding 10 years**, beginning with the most recent.
If you need more room, you may attach another sheet of paper.

Employer: _____ Position Held: _____

Address: _____ From _____ To _____
Street City Zip Code (Date) (Date)

Duties: _____ Reason for Leaving: _____

Contact Person: _____ Phone Number: _____ May we contact: Yes No

Starting Salary: _____ Final Salary _____

Did you operate a Commercial Motor Vehicle for this employer? Yes No

Were you subject to the Federal Motor Carrier Safety Administration Regulations while employed with this employer? Yes No

Were you subject to alcohol and controlled substance testing requirements under 49 CFR part 40? Yes No

List type of Commercial Motor Vehicle or Equipment operated for this Employer: (i.e. Tractor Trailer, Bobtail, Straight Truck, Forklift, Applicator, etc.)

Employer: _____ Position Held: _____

Address: _____ From _____ To _____
Street City Zip Code (Date) (Date)

Duties: _____ Reason for Leaving: _____

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EXPERIENCE AND QUALIFICATIONS - DRIVERS

Drivers License # _____ State: _____ Expiration Date: _____

List Traffic Convictions and Forfeitures for the past three (3) years (Other than Parking Violations)
If you have not had any convictions in the past three years than write, NONE, in the space provided.

Date	Location	Charge	Penalty
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Date	Location	Charge	Penalty
Have you ever been denied a license, permit or privilege to operate a motor vehicle?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has any license, permit or privilege ever been suspended or revoked:		<input type="checkbox"/> Yes	<input type="checkbox"/> No

(If the answer is yes to either of the two previous questions, attach a statement giving the details)

ACCIDENT RECORD FOR THE PAST THREE (3) YEARS OR MORE

Date	Nature of Accident (Head-on, Rear-end, Upset, Etc)	Fatality	Injury	Non-Injury
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Last Accident: _____

Next Previous: _____

Next Previous: _____

If you need more room, you may attach another sheet of paper.

PREVIOUS EMPLOYER REFERENCES

Give below the name of three persons not related to you, whom you have known and worked for in your previous jobs.

Name	Company Name/PositionTitle	Years Acquainted	Phone Number

TO BE READ AND SIGNED BY APPLICANT

I certify that the foregoing statements are true and correct. I authorize the Company to make investigation of my personal or employment history and authorize any present/former employer, person, firm, corporation, credit agency or government agency to give the Company any information they may have regarding me, and I understand that any misrepresentation or omission shall be cause for dismissal. In consideration of the prospective employer review of this application, I release the Company and all providers of information from any liability as a result of furnishing and receiving this information.

I further agree that, if employed, I will conform my conduct to the Company's rules, regulations and personnel policies. I understand that no personnel recruiter, interviewer or other representative other than an officer of the Company has authority to enter into any agreement for employment for any specified period of time and that any employment manuals or handbooks that may be distributed to me during the course of my employment shall not be construed as a contract. I further understand that nothing contained in this application or the granting of an interview creates a contract for either employment or providing any benefit, and THAT I HAVE THE RIGHT TO TERMINATE EMPLOYMENT AT ANY TIME AND THAT THE COMPANY HAS THE SAME RIGHT.

Date _____ Signature: _____

Lortscher Agri-Service, Inc.

310 Railroad – Bern, KS 66408
785-336-6171

Driver Violation and Review Record

Drivers Name:

I. Certification of Violations

Date of Conviction	Offense	Location	Type of Vehicle

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

(Date of Certification)

(Driver Signature)

Lortscher Agri-Service, Inc.

Bern, KS 66408

(Company Name)

(Companies Address)

General Manager

(Reviewed by: Signature)

(Title)

II. Review and Evaluation of Driver Record:

In accordance with Section 391.25, Motor Carrier Safety Regulations, all information pertinent to the above driver's safety operations, including the list of violations furnished by him in accordance with Section 391.27, has been reviewed for the past 12 months.

Action Taken:

Lortscher Agri-Service, Inc.

310 Railroad – Bern, KS 66408

Reviewed By:

Date

General Manager

Title

Lortscher Agri-Service, Inc.

310 Railroad – Bern, KS 66408
785-336-6171

EMPLOYER DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION

As part of our hiring background and investigation, and continuing employment practices, we may obtain employee driving history records. Under the provisions of the Drivers' Privacy Protection Act of 1994 (18 U.S.C. § 2721) before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation.

EMPLOYEE AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION

Under the provisions of the said Drivers' Privacy and Protection Act and all applicable federal, state, and local laws, and as a condition of my employment with Lortscher Agri-Service, Inc. (Employer) I hereby authorize and permit Lortscher Agri-Service, Inc. and its successors throughout the course of my employment to obtain:

1. Records concerning any driving, criminal history, workers' compensation (post-offer only) and drug testing;
2. (For truck drivers only) In accordance with the Department of Transportation Motor Carrier Safety Regulations, Section 382.413, information concerning alcohol and controlled substances for the past 2 years;

I agree that a copy of this authorization has the same effect as an original.

I hereby release and hold harmless any person, firm, or entity that discloses matters in accordance with this authorization, as well as Employer from my liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information.

Drivers License number _____ SS# _____ DOB _____

Full Name _____
(Please print clearly) Signature Date